

BEST AVAILABLE COPY

CLAIMS ONLY								Application Number		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend		
1	/							51					
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47								97					
48								98					
49								99					
50								100					
Total Indep								Total Indep					
Total Depend								Total Depend					
Total Claims								Total Claims					

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Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				